

Thoracic Program Leadership Steering Committee

Example

Committee Mission-Pursing excellence in the early detection, diagnosis, treatment and care of patients with lung disease, in a comprehensive environment.

Guiding Values-Place your facility values here

Committee Reporting Structure-The thoracic program leadership is a consultative committee, which reports to the Cancer Committee.

Scope and Responsibilities-The primary scope of responsibility for the committee is all areas that impact patients with lung disease.

Committee Function-

- a. Leadership-responsible for goal setting, planning, initiating, implementing, evaluating, and improving all thoracic-related activities
- b. Case Consultation-Serves as a resource to medical staff, employees, patients, and hospital administration in decision making
- c. Auditing-responsible for the annual audit of the following
 - a. Thoracic Cancer Conference Activity
 - b. Low Dose Screening
 - i. Volume of baseline
 - ii. Volume of annual
 - iii. Volume of follow up adherence
 - iv. Distribution of L-rads findings
 - v. Number of diagnostic procedures or advanced imaging performed
 - vi. Number of treatments (surgery, radiation therapy, medication such as Chemotherapy/IO, oral targeted therapy)
 - vii. Number of cancers diagnosed by stage
 - c. Incidental nodule
 - i. Volume
 - ii. Number of diagnostic procedures or advanced imaging performed
 - iii. Number of treatments (surgery, radiation therapy, medication such as Chemotherapy/IO, oral targeted therapy)
 - iv. Number of cancers diagnosed by stage
 - d. Lung Nodule clinics (or specialist-pulmonary/thoracic surgeon)
 - i. Volume
 - ii. Number of diagnostic procedures or advanced imaging performed
 - iii. Number of treatments (surgery, radiation therapy, medication such as Chemotherapy/IO, oral targeted therapy)
 - iv. Number of cancers diagnosed by stage
 - e. Quality Outcomes
 - f. Quality Improvement

Structure and Composition-

- a. Membership-Voting members will be from various areas including but not limited to: Surgery, Radiology, Pulmonology, Nursing/Navigators, Social Workers, Coordinators,

- Hospital Administration, and Community Partners. The chairperson may appoint additional members as needed.
- b. Officers and Membership- The committee will have one Chairperson appointed by the Cancer Committee.
 - c. Meetings-The committee will meet quarterly. The chairperson may call special sessions as needed.
 - d. Attendance-Attendance at quarterly meetings is the primary responsibility of each member.
 - e. Minutes-An administrative assistant appointed by the chairperson will keep concise record of the committee proceedings. These minutes are to be reviewed by committee members and approved at the beginning of the next scheduled meeting.
 - f. Motions-Any voting member can offer a motion. With a second, the committee will then proceed to entertain the motion via open discussion. The author/initiator of a motion may withdraw the motion at any time before it is voted upon.
 - g. Voting-All seconded motions will be put to a vote by the committee and adopted by a simple majority of those present. All votes will require a full quorum. A quorum will consist of 50% of the voting members of the committee.
 - i. Subcommittees-The creation of an additional subcommittees will be at the discretion of the chairperson or through a motion process. Examples of subcommittees may be: quality, education, case consultation, and policy review

Confidentiality-All committee members are ethically bound to maintain current standards of confidentiality. A breach of confidentiality will result in dismissal from the committee.